

THE MEDICAL AND SURGICAL REPORTER.

No. 688.]

PHILADELPHIA, MAY 7, 1870.

[Vol. XXII.—No. 19.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

WOUNDS OF THE SCALP.

By PHILIP S. WALES, M. D.,

U. S. Navy.

The general nature of the various sorts of wounds of the scalp is the same as those of the integuments of other portions of the body, and demand very nearly the same treatment. Occasionally they are invested with additional interest and importance by their frequently complicating injuries of the skull and brain. The peculiar anatomical arrangement, however, of the soft tissues of this region impresses an individuality upon some of the injuries therein situated, that it is very important to be familiar with, to avoid committing serious blunders, both in diagnosis and treatment.

The globular form of the skull will, of course, limit the extent of contact of incising, lacerating, and contusing instruments, and, correspondingly, their rupturing effects upon the soft tissues; hence, as a general rule, swords, bullets, fragments of shells, etc., simply plough out a furrow in a short arc of the cranial curvature. The same limitation of wounding follows also from the same cause, in falling upon contusing objects, as projecting parts of iron bolts, rocks, curb-stones, or, indeed, from any boss-like irregularity of the surface.

The abundant supply of blood vessels to the scalp, and their free and omnipresent anastomosis, will render ecchymosis, extravasations, and bloody tumors, the frequent result of the application of force to the cranial vault; and it is in this respect, that such injuries deserve careful study, that they may not be confounded with the more serious and deeper wounds of the skull.

These accumulations of blood are owing also, besides the very abundant supply of arteries, partly to the lamellar arrangement of the soft tissues making up the thickness of the scalp. Here is the pericranium, under which the blood may lie, the loose cellular tissue between this and the tendon of the occipito-frontal muscle, where the most plentiful outpouring can be accommodated and accumulated into tumors of various sizes; and lastly, the connective tissue layer outside of the tendon, and beneath the thick skin, into either of which latter, or into the muscular substance itself of the temporal or occipito-frontal, the blood may find passage.

Considering the foregoing facts, we shall find wounds, then, of the scalp, of usually rather limited extent, bleeding freely, apt to be flap-like in shape, frequently attended with effusion of blood into one or other of the several localities mentioned above, from the close proximity of the brain, when they are of any severity, accompanied most always with some cerebral disturbance, ranging in character according to the degree of injury—from slight and temporary confusion, to profound and fatal coma; and lastly, they not unfrequently associate themselves with fractures of the skull.

Any long, penetrating instrument, as the blade of a knife, may pass beneath the scalp, between any of its laminae, even ploughing up the pericranium to the very skull, making a long track, with a narrow orifice, possessing all the character, therefore, of a punctured wound in any other portion of the body, with, however, the additional disadvantage in suppuration, of disposing the matter to diffuse itself among the surrounding tissues, from their laminar and fibrous character. This sort of wound, without free incision, most always inflames, suppurates, and affects the general

constitution. A case of this sort came under my observation within the last year: where a man got an apparently trifling punctured wound of the top of the head, which the physician, who first treated him, thought lightly of, applied a little pledget of lint to the scalp, and sent him about his business. In three or four days, the edges of the wound suppurated, the scalp swelled, though there was no defined tumor, but a diffusive hardness of two or three inches in extent. The case got worse and worse, constitutional symptoms set in, and the man like to have died; but immediate and free incision of the whole length of the swelling gave vent to the matter which, nevertheless, was not more than a teaspoonful; yet relief was prompt, and the person finally recovered, after perhaps two months of suffering which might, by incision, have been abridged to, at farthest, as many weeks.

Trenchant instruments, like the sword, axe, etc., on the other hand, divide the tissues neatly and clean; no inflammatory swelling or strangulation of the parts can confine the secretions; they escape freely, and these wounds, therefore, do, generally, very well. Near the very time that the case before mentioned was under treatment, a young man was brought to me, who had a large incised wound inflicted upon the latero-vertical part of vault, by falling a distance of fourteen or fifteen feet, upon a sharp and projecting edge of iron; it was three inches long, and went to the very bone; the patient was laboring under slight concussion at the time, and while he was recovering, and taking some stimulant, the wound was properly dressed, the edges being brought together after every particle of bleeding had ceased; the patient got well in a few days, without a single bad symptom. Now, such nice, clean wounds, vertical to the plane of the skull, always do well under *proper* treatment, the essential character of which is, to prevent the retention of any secretion in the tissues during the inflammation which follows them.

The same sort of instrument which inflicts this sort of wounds, may also, produce others of a different form; that is, the plane of incision is parallel with that of the skull, instead of being vertical as in the previous instances. Such wounds will then present the form of a flap, and are of very varied extent, according to the sort of instrument and the force with which it is employed; swords give the most

remarkable examples, by which flaps of four or five inches wide have been produced, hanging over the sides of the head and face, if the force by which they have been produced is inflicted from above, and exposing the skull beneath to a corresponding degree; or, if the force is from below, the flap will necessarily hold its normal position, as its base, or point of support, is above.

These wounds generally do very well, better than those of a punctured or contused character, but not so well as the incised sort; they are more difficult to bring in apposition; the flaps cannot be so well supported, and they more frequently inflame and suppurate; and where the injury is quite extensive, they are also liable to gangrene. Instead of presenting one flap, there may be two or more, when the instrument possesses an irregular edge; but we meet with every variety in this respect, especially after an action in which the cavalry have been engaged. It is related that after the Convention had decreed that the French army should take no more prisoners, the actions became much more obstinate and bloody. After the battle of Landrecies, six or seven thousand men were wounded, principally with cutting arms; some had twelve to twenty, and even thirty, wounds, each, with the sabre.

Contused injuries are inflicted by blunt bodies, as clubs, slung-shot, and falls upon uneven surfaces; they are either attended with apparent solution of continuity, or the scalp is unbroken; in the latter case, they are called simply *contusions*, but this feature of the surface is by no means any criterion of the severity of the injury; for there are cases recorded, in which, with an unbroken skin, the soft tissues beneath have not only been torn and bruised, but even the skull may be smashed into fragments.

The contused wounds, resulting from bullets and fragments of shell, are varied in their character; they sometimes furrow the scalp; at others, course between its laminae; and sometimes, again, cut off a flap or lacerate it. These wounds always suppurate, and, like all other scalp wounds, in people of middle life and broken-down constitutions, may be attended with erysipelas and danger to life. The essential character of contused wounds is the bruising of the surrounding tissues, which renders them liable to mortification and sloughing. They become inflamed, and suppurate

and the parts bruised, no longer possessed of life, are thrown off. Contused wounds of the scalp are always the most serious, as being most often accompanied with cerebral complications. In them, also, we find more or less extravasation of blood, forming tumors of varying size, extent, and hardness. The blood poured out may occupy any position between the bone and skin, and it is quite doubtful whether a correct diagnosis can always be made as regards its exact locality, but this is not of much moment; it is far more essential to be able to diagnose the difference between such effusions and fracture of the skull, which they sometimes simulate. From the direction of the vulnific instrument being oblique, the tendon of the occipito-frontal muscle may be forcibly stretched along the pericranium, so as to rupture the connective tissue, and form a pocket into which the blood is injected from the broken vessels, in such quantity as to form a soft tumor, presenting, sometimes, when the vessel is of considerable size, a distinct pulsatory character. Or the areolæ of the cellular membrane may be ruptured in a more partial manner, so that the cells in a limited space may communicate and form one general cavity, into which the blood flows; while that portion of it infiltrated into the surrounding normal-sized areolæ is bound down, and forms a hard swelling, surrounding the fluid blood in the center, and it is this sort of bloody tumor which so much resembles a fractured skull; the soft center, hardened edges, and occasionally pulsatile character, might easily be mistaken for the well defined margins of a fracture with the soft brain protruding. But carefully examine the tumor, press upon it gently, though firmly, with the finger, and see if the blood cannot be scattered or dissipated with the adjacent areolæ; observe how the pressure affects the brain, if at all; and in this way the diagnosis may be made evident. There is another sort of tumor less deceptive, in which the blood is bound down, or having coagulated, feels hard over its whole extent. Again, in young people, when the scalp is spongy a direct blow with a blunt instrument may so condense the tissue, as to give the appearance of a depression and simulate fracture. In new born infants these bloody extravasations, called cephalæmatoma, are also observed, the result either of violence inflicted by the forceps, or by the passage of the child's head through the pelvis. The blood is in this

case usually seated beneath the tendon of the occipito-frontal muscle, but in rare cases also beneath the pericranium, far removed from the sutures where this membrane is strongly adherent to the bone below, and therefore does not permit the blood to separate them. In these cases the tumors are soft in the center and hard at the circumference, but may easily be distinguished from fracture of the skull by the method already described.

The blood, in all these cases, as we have seen, is confined in this form of wound when there is no external aperture, in the tissues of the scalp. Even when one of the larger vessels is opened in this manner, the hemorrhage is in most all cases stopped by the pressure brought to bear on it by the ruptured cavity in which the blood is present in thorough repletion.

However, in some cases of scalp wounds, particularly the punctured and incised, the larger sized arteries of the scalp may be divided, and may bleed to a dangerous if not fatal extent, unless promptly secured. Those which are most troublesome in this respect, are the frontal, supra-orbital, temporals—deep and superficial, posterior auricular, and occipital. The deep temporals, especially, have given serious trouble, from their position and anastomosis.

I think that all who have had much experience in head wounds will coincide with the advice of LARREY, that it will be indispensably necessary to apply a ligature to all divided and bleeding arteries, and not fritter away time in employing mechanical pressure, which incommodes the patient and gives rise to cephalalgia; besides, the arteries which run under the hairy scalp, by dint of the close adhesions which retain them under that dermoid covering, do not retract with the promptness requisite to stop the further effusion of blood.

The nerves of the scalp are also sometimes wounded in such a manner, that in nervous people and young women, cruel pains affect them a long time after the healing of the original wound. I had a case of this sort in a young lady, a professional singer, who was precipitated a distance of 10 or 15 feet, by the giving way of the stage upon which she was singing. She received a severe contusion upon the back of the head which has left the part so tender, that she cannot now, at this distance of time—five or six years—bear the pressure of a comb. Injuries inflicted above

the orbit, involving the orbital nerve, have produced complete and permanent amaurosis. Such cases are noticed by Dupuytren, who explains them by the anastomosis between the frontal nerve and the ophthalmic ganglion.

These cases are extremely rebellious to treatment, and the pains seem only extinguishable by time.

[TO BE CONTINUED.]

SPECIAL RULES TO BE OBSERVED IN THE EMPLOYMENT OF GENERAL ELECTRIZATION.

By A. D. ROCKWELL, M. D.,
Of New York.

In the employment of general electrization there are certain rules and cautions, on the observance of which, the results of the applications will very materially depend. The dose of general electrization—like the dose of cold bathing or of physical exercise—is a compound quantity, made up of several factors. The dose of a shower bath includes the temperature of the water, the violence of the shower, and the length of time the patient is subjected to it. The dose of general electrization includes the *strength of the current, the thoroughness of the application, and the length of the sances*. It is important to consider :

1st. *The Strength of the Current.*—The dose of electrization, like the dose of internal remedies, should be studiously adapted to the constitution of the patient, the nature of the disease, and the stage of the treatment.

In estimating the dose for each individual case, experience is our only guide. It is better that the first tentative application should always be made with a gentle current, and, if the patient be particularly sensitive, the hand of the operator may be substituted for an artificial electrode. This remark refers only to the Faradaic current. The galvanic current should not be passed through the person of the operator. After the patient has become somewhat accustomed to the treatment, the general rule should be to make the applications *comfortably uncomfortable*.

But to this rule there are marked exceptions. There are individuals who, from some native peculiarity of constitution, are so exceedingly sensitive to tonics that they can only take quinine, iron, strychnine, etc., for a very short time, and in doses far less than the average. Doses of these remedies, which to others are decidedly beneficial, cause in them

the most intense and even alarming reaction. Such patients are also abnormally sensitive to electrization, and accordingly must be treated with peculiar caution. Patients who have long been accustomed to the treatment, who have become in a certain sense, insensible to the strength of the current, ordinarily used, may frequently be benefited by very powerful currents, such as may be obtained by uniting two or three batteries to the helix. Usually, but not invariably, we may be guided by the sensations of the patient; but exceptions to this rule are sometimes very striking, and should put us on our guard. Some who feel no pain during the applications, may, on the day following, experience the most disagreeable reactive effects.

Thoroughness of the Application.—General electrization requires that all portions of the surface of the body should be touched by the electrode. This general direction, however, is open to a very wide range of exceptions.

In nervous and susceptible patients we can approach the full measure of the treatment only by slow degrees.

It is oftentimes sufficient to make the first application only around the neck, shoulders, and on the upper portion of the spine. Patients have such erroneous impressions in regard to the nature of the treatment; are so wrought upon by the memories of the frightful "shocks" which they have received in their school days, that they oftentimes enter the operating room with dread, as though they might never come out again alive.

It is clear that such timid and misguided patients must at first be handled tenderly, until they gradually learn by actual experience that general electrization is on the whole a most agreeable process. It is not always necessary in every case, to make the applications to all portions of the surface of the body, even in a prolonged course of treatment. The general tonic effects of this system of treatment can undoubtedly be achieved without touching either the upper or lower extremities. But, on the other hand, it is just as undoubtedly true, that the muscular development that results from long continued electrization of the arms and legs, reacts favorably on the whole system and materially aids the treatment.

The general rule should be, that in all cases of constitutional debility, associated with some local disorder, the application should be made

all over the body, but with special reference to the part affected.

In deviating from this law of thoroughness, each case must be studied by itself. Thorough applications to the head, or at least to all portions of it, are not demanded in more than half the cases for which general electrization is indicated. In some cases very marked benefit is derived from applications over the head; in others negative results; and in some positive, though temporary, harm. It is usually sufficient to place the hand over the forehead, and on the top of the head and over the cerebellum, without subjecting the patient to the annoyance of wetting the head all over.

It is seldom advisable to require ladies to moisten any more than the crown of the head. The neck, spine, and abdomen should be treated in all cases, except during the first and tentative applications, or in patients of very unusual susceptibility.

Length of the Applications.—The duration of the sittings may range between five minutes, and a half or three-quarters of an hour, being modified by the nature of the constitution, the strength of the current employed, the stage of the treatment, and the results of the previous applications.

The smallest fraction of this time should be devoted to the head—the largest to the spine; next to the spine, the abdomen should receive the largest share of attention.

These suggestions are based on the facts that have been elsewhere presented, in regard to the relative sensitiveness and therapeutical importance of these different parts of the body. Experimental applications should always be short; but patients who have long been accustomed to the treatment, may sometimes receive most powerful currents over any portion of the body except the head, for an hour at a sitting, not only without injury, but with positive benefit. Real or apparent strength of constitution is a very deceptive criterion by which to determine the length of the sittings.

An average application of 15 minutes may be thus apportioned:

To the head.....	1 minute.
" " neck, including the cilio-spinal region, 2	"
" " back.....	5 "
" " abdomen.....	3 "
" " upper and lower extremities.....	4 "

This is, however, a very general estimate. Each case must be studied by itself.

Frequency of the applications.—The applications of general electrization may be repeated

daily, every other day, once or twice a week, or by still longer intervals. Every other day is about as often as is necessary to secure the full tonic results of the treatment; but patients who are so situated that they can take treatment but a short time, may receive an application daily, provided they are not in a condition of unusual debility, or are not more than ordinarily susceptible to the current.

Formerly we supposed that the full applications of general electrization should in no case be administered oftener than every other day. Larger experience has convinced us of our error. Some of the very best results have been obtained, on patients who have received applications daily, and for a number of weeks in succession. It is not well, however, in any case to give thorough applications every day, at the outset of the treatment; unless by previous experience, we have become acquainted with the constitution of the patient. For the very nervous and susceptible, and especially for those who complain of the secondary or reactive effects, it is often necessary to give intervals of several days, at least until the permanent tonic effects begin to be developed. Patients who are peculiarly susceptible to other tonics are also susceptible to general electrization, and accordingly need longer intervals than usual between the seances.

Persistence in the Treatment.—For the majority of cases the treatment by general electrization, in order to secure its full results must be *persistent*. The reasons why this perseverance is demanded are quite obvious. In the first place, most of the diseases and morbid conditions for which general electrization is indicated, are exceedingly chronic in their character. It is necessary ever to keep in mind the emphatic words of the great Trousseau: "chronic diseases demand chronic treatment, whatever may be the method employed." It is a law of disease, that morbid states which have long been in progress must be correspondingly long in their recession; and to this law general electrization cannot present any exception.

Secondly. Tonic remedies of all kinds, external and internal, are always, more or less, slow in their action. The stimulating effects experienced after the applications are only temporary: are indeed entirely analogous to those which are felt after some other tonics, such as a shower bath, or a brisk walk in the open air. The permanent tonic effects are

only realized slowly, and oftentimes after a considerable interval. While great and beneficial effects are often derived from two or three applications, a complete or approximate cure of long standing morbid conditions, such as dyspepsia, hypochondriasis, nervous exhaustion, hysteria, and paralysis, can only be achieved by persistent treatment, varying the strength of the current and frequency of the applications according to the progress which is made. The length of time over which the treatment should be extended, may range from one week to several months, with longer or shorter intervals, according to circumstances.

Comparing the history of all our cases, we find that the average number of applications administered to each successful case is about 10 to 15, and the length of time over which the treatment was extended 3 to 6 weeks.

STRYCHNIA IN TETANUS AND HYDROPHOBIA.

BY EDWARD VANDERPOEL, M. D.

New York City.

I have seen a number of articles in your journal of late, treating on tetanus, with as many remedies; but none have equaled in beneficial results what I have witnessed from the use of strychnia.

It was my lot to attend the young man Fox, clerk of Sampson & Co.—proprietors of a large mercantile house of this city, some years ago; who, from an injury to his head in diving whilst bathing, was attacked with tetanus. After the third day of the injury, when the disease was diagnosed, the late Profs. Jos. M. Smith, and Valentine Mott, were in consultation until the seventh day using tart. ant. and antispasmodics, anodynes, and stimulants, freely, with counter irritation, when he died at 4 o'clock P. M., in dreadful agony.

After this case, my colored washerwoman, about forty-five years of age, from some quack treatment of a varicose ulcer, was found one morning in as bad condition as was young Fox on the morning of the day on which he died.

Consultation she could not afford, and so I took the responsibility of bleeding her to complete relaxation. From a free opening in the median basilic vein, I soon filled a large wash basin. Seeing this immense quantity of blood, I looked for the dropping of

the chin (unlocking of the jaw); it had not moved. She was so quiet that I thought her dead; but then the fact occurred that blood does not flow from dead subjects, prompted me to let it run. In a minute the jaw fell; placing my finger on the orifice, the flow ceased. Upon slight reaction I ordered $\frac{1}{2}$ gr. doses of tart. ant. every two hours, which dose was regularly increased for about forty hours, when 4 grs. were given at a time, without producing nausea, but maintaining relaxation of the muscles which had caused opisthotonos, and severe tonic contraction of the diaphragm, with the masseter muscles.

For fear of ulceration of the stomach from this remedy, ipecac. was then substituted, which preserved the same advantage over the muscular system, until convalescence was established. She is alive at this date.

My third case was treated with strychnia, from a suggestion made by Dr. MOTT at a lecture after the attendance named, upon the young man, Fox, on the principle, that its more general effect upon the muscular system would counteract or lessen its particular local effect.

Eight cases followed in quick succession. Seven traumatic, and one, the last, idiopathic; the majority of them being of an aggravated form. All were cured with strychnia alone, and published at the time, in the *New York Journal of Medicine*. See Nov. and Jan. Nos. 21 and 22, for 1846 and 1847.

Soon after this an athletic negro was treated at the U. S. Post, Sag Harbor, with strychnia unsuccessfully; reported in the same journal. The man evidently died from the injudicious suspension of the remedy whenever the tetanic symptoms abated—recommencing, then suspending, and so on, till the man was worn out. To me it was plain he could have been cured.

Since then, I have only prescribed for one case, that of an officer, resulting from a gunshot wound in the late war. He recovered.

The doses used in all these cases were from 1-6 to 1-2 gr. every two hours, until involuntary twitching of the muscles of the extremities took place, when the masseters would relax, then the same dose used, would be given only once in six hours, to maintain this advantage until convalescence took place. With the above experience I went to this last patient with confidence as to success, and I would now be more encouraged in the future

by this practice than any other I have seen published on the subject.

Previous to this history the most successful record published, was that by the late Dr. David Hosack, of this city, who reported three mild cases cured by large and repeated doses of stimulants.

A knowledge of the above facts induced the late eminent oculist, Dr. Wallace, to prescribe strychnia in a case of hydrophobia of a young man, whom I saw with him subsequently, a clerk of Mr. Hope, grocer. Two doses of one-eighth gr. were given by mistake for one-sixth, when the perfectly uncontrollable patient was quieted. The spasms did not return, although he lived nearly two days afterward, maintaining full consciousness till he died.

Feeling assured of the value of the above facts, I send them for circulation in your valuable journal.

HOSPITAL REPORTS.

ALBANY CITY HOSPITAL.

Surgical Service of PROF. J. H. ARMSBY.

(REPORTED BY T. D. CROTHERS, M. D.)

GENTLEMEN:—I will call your attention, this morning, to a comparatively rare disease, viz :

Cancer of the Penis.

You may practice many years without seeing a single case; yet you should be familiar with its symptoms, for on the early recognition of this disease, depends your success in its treatment.

Cancer of the penis is generally of the epithelial form. It begins like a wart, sometimes vascular, or condyloma when ulcerated, or a tubercle, or fissure on the glans, corona, or prepuce. Small and superficial at first, it gradually becomes broader and deeper, spreading to other structures, attended with a smarting, burning pain. Often a cauliflower fungus is thrown out, and a discharge of thin, sanious matter, quite offensive, follows. As the disease progresses the inguinal glands become enlarged, and severe lancinating pains run up the groin to the abdomen. Much irritation attends the passage of urine. The cases I have had confirm the experience of other surgeons, that it is most common in old men, who have had phymosis or a long, tight prepuce. It is sometimes complicated with syphilis, but in diagnosis, depend upon the microscope, for without it you can only gain a comparative idea of the disease, which will be verified when it is too late to treat your patient successfully. In the treatment, early amputation gives us the only prospect of success, but if the lymphatic system is

affected, this only delays the fatal issue. I always follow the operation with constitutional treatment, of which Fowler's solution of arsenic is the most effective. The iodide of potassium and syrup of the proto-iodide of iron, are very valuable and useful remedies.

Here is a case upon which I operated by amputation a few weeks ago. You will remember, gentlemen, that the number of cases at that time demanding operations, prevented my giving a history of this one.

This patient is 42 years of age; is married, and has children; has had phymosis for years. Two years ago had an itching, burning sensation under the prepuce. Soon, sharp pains, which increased in intensity came on, destroying his rest at night, and causing his health to decline rapidly. His medical attendant advised an operation, to which he objected. Other advice was sought, and a cure was promised; local treatment was resorted to, and several months were lost in unavailing efforts. A fistula formed over the corona, with a fetid watery discharge. His attendant laid open the fistulous track to the end of the penis, exposing the glans, which was covered by a fungoid growth.

Amputation was again urged, but he objected, preferring to try the skill of empirics, with plasters and specifics.

A few months after, when he came under my charge, the prepuce and integuments of the penis, up to within an inch and a half of the pubis, was destroyed. The surface presented a cauliflower-like fungus, from which a thin sanious discharge flowed profusely. The inguinal glands were enlarged, but not painful. You remember the operation was performed by a single sweep of the bistoury, the ligatures applied, with water dressings. Carbolic acid from 8 to 10 grs. to the oz. of water was used freely, (I think this is one of the best local applications I have ever used.) The glands were painted with iodine, and the following mixture given internally:

R. Iodide of potassium,	ʒi.
Extract of cicuta,	ʒiij.
Syrup sarsaparilla,	ʒij. M.

Dose—one teaspoonful three times per day.

R. Fowler's solution,	ʒss.
-----------------------	------

Dose—Five drops in water, after eating.

The wound healed kindly, and his recovery was signal and complete. He passes urine naturally and without pain, sleeps well, has a good appetite. The glands are not enlarged. The present good health of this man, with no scrofulous tendency, his temperate habits, give us strong hopes that this disease will not recur again. Without an operation the case would have been fatal.

I had a similar case in my private practice some years ago. A lawyer in high position, 58 years of age, married, with family and children, has al-

ways had a tight prepuce, that could not be drawn over the glans, causing acrid secretions to accumulate. After suffering sometime from aching, burning sensation about the glans, he noticed the appearance of several round hard bodies like shot, under the prepuce, which became very painful after a time; the pain was of a lancinating character. Resorting to a water cure, his medical attendant laid open the prepuce covering the tumors; soon a fungus growth sprouted up over the glands. When he came under my care, the malignant nature of the disease was manifest, in the rapid destruction of adjoining tissues, and the abundance of cancer cells found in the secretions under the microscope. I urged immediate amputation. The patient from some particular aversion to the knife refused, but was quite willing to have the *ecraseur* used. He was put under the influence of chloroform, and the diseased was removed.

The operation was tedious, occupying 20 minutes, because of the dense structure of the organ, taxing the instrument to its utmost. His recovery was rapid, and up to this time, a period of four years, there has been no return of the disease. I would advise you, gentlemen, never to use the *ecraseur* in simple amputations; the knife is more expeditious and better. I have had one fatal case in my practice. When he came under my care the disease had gone on for months. The inguinal glands were enlarged and painful. I amputated; the wound healed, and he returned to his home and business. I was called to see him six months after. The disease had returned and was evidently malignant. From the stump of the penis, it extended up to the body, and the patient died in a few weeks. He was in the prime of life, and temperate. I think if the operation had been performed earlier he might have lived. You will find this principle to be a safe guide in all ordinary cases, viz: Wherever you find excrescences on the penis, whose character and origin are involved in doubt, extirpate them at once, with caustic or with the knife, and if the disease continues, involving the glans, amputate through the healthy parts. Always be guarded in your prognosis.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

March, 1870.

Extracts from the Report on Blood Poisoning, made by C. G. CONKEYS, M. D., Prof. Clinical Medicine Medical College of Ohio.

(REPORTED BY DR. J. W. HADLOCK.)

Azotemia.

One of the simplest forms of blood poisoning, is seen in one who is suffering from "a cold." The mucous membranes of the air passages at first dry and pale become hyperæmic; afterwards there is an

excess of secretions with all the disagreeable phenomena of perverted sensation and fever. What explanation may be made for this abnormal condition? We offer this: Exposure to cold and wet, or even to a current of air in certain places, so affects the skin that millions of the emunctories are locked up; and the waste product of the tissue metamorphosis usually finding an outlet there, are retained in the blood in excess and act as poison, producing general disturbance as manifested in the chill and fever; but affecting more especially the vascular nerves of the mucous membranes, producing first, an exhilarating, exciting, intoxicating effect, causing the patient to feel remarkably well and buoyant; second, contraction of vessels, cutting off blood supply, (which accounts for the dryness) then a degree of paralysis ensues which allows unusual flow of blood to the tissues, and the consequent hypersecretion of mucus in which the *materies morbi* escape, and, the cumulative effects of the poisoning are thus prevented until a restorative of the skin function takes place. The mucous membrane thus acts vicariously to the skin.

It must be said that the kidneys also play an important part in this elimination, for an increase of ammoniacal deposits is always seen following the attack; the urate of ammonia immediately appears to cloud the urine.

In this way we may explain the origin of many of the phlegmasiæ; the product of tissue waste not escaping by the skin, disturbs other tissues and organs: i. e., the stomach or intestinal tract, the urinary organs, the serous membranes, as the peritoneum, pericardium, or pleuræ; or, the parenchyma of organs, such as the lungs, the liver, or the kidneys, exhibiting varied forms of catarrhal and tissue inflammation. Thus rheumatism and gout may be also explained; but the offending elements attack mainly the fibrous tissue.

On the other hand, to corroborate these views, certain substances, freely imbibed by the blood vessels of the mucous membranes, produce inflammation of the skin, in the effort to escape there. A remarkable effect of this kind is seen in the production of severe eczema, by a too free use of bromide of potassium. So the exudation of urate of soda, and the associate inflammation in gout, seem to point to that article as the offender. In like manner, the phenomena following the injection into the peritoneal cavity of lactic acid (by Richardson's experiments), are so similar to those seen in rheumatism, that there is reason to suppose that this acid is the offending principle in rheumatism.

Again, the retention in the blood, in diseased kidneys of the urinary constituents, leads to a notable form of blood poisoning, known as uremia. Here the effects are expended chiefly on the brain and other nerve centres, producing convulsions or

oppressed action of the heart and lungs, with strong tendency to collapse.

The remarkable similarity of uræmia, connected with organic disease of the kidneys in the later stages, in physical and rational signs, to typhoid fever, makes a differential diagnosis often very difficult; the only way of discriminating is by a careful study of the urine, and the perturbations in the fever line, pulse and respiration.

Here are a few cases in illustration:

Daniel McD., entered the hospital, Oct. 8, 1868, and was sent to the surgical ward for stricture of urethra, but was transferred to the medical ward, on account of fever. He stated that for the last two weeks he had had more or less soreness in limbs, wandering pains in back, headache, prostration, anorexia, thirst, bleeding at the nose, and diarrhoea. He had difficult micturition and incontinence in the night.

He was emaciated, prostrated, and laid upon his back. Expression dull, eyes sunken, with dark areola; cheeks flushed, nose pinched, sordes on teeth and lips, tongue moist, red at tip and edges, abdomen very tympanitic, but no gurgling or tenderness in right iliac fossa, etc., no rose spots; liver and spleen of normal size; mind clear, temperature 105°, pulse 100, respiration 18. Urine sp. g. 1019 red, acid; no albumen.

On the third day after admission, tenderness and gurgling in right iliac fossa—developed with some delirium; temperature, 105°; pulse, 100; respiration, 24.

Fourth day: Five thin yellowish colored stools; mind clearer; a few rose spots appeared; pulse, 104°, weak and irregular; respiration, 22; temperature, 100½°.

Fifth day: Rolls from side to side of his bed, has subsultus, pinched expression of face, extremities cold and sweating, tongue glazed, sordes thick; pulse, 56; heat, 96°; respiration, 24!

It was now evident that a new poison was working upon the system, and from the known difficulties of the urinary organs, it was pronounced uræmia. He reacted under a heroic treatment with tonics and stimulants, and artificial heat and the influence of an active diuretic, but in a day or two relapsed in the same way and died.

The autopsy showed merely congestion of Peyer's glands, a very narrow stricture of the urethra was found with enlarged and tortuous ureters and extensive destructive change in the kidneys.

Another case of this character was brought into the ward last April, where all the usual typhoid conditions were present, and due to organic disease of the kidneys. I have a case in the ward under treatment at this time, in which the general aspects of typhoidism are manifest, but which is I am sure uræmia. The patient had been sick more than a

week on his admission: I will not repeat all the usual phenomena of typhoid; his temperature was 106°, but the pulse and respiration were too slow for that heat. The tympanites was enormous, but only the faintest rose spots exist, and no gurgling in right iliac fossa. The bowels were loose, but not frequent, tongue dry, brown, fissured, much mental hebetude, urine red, S. G. 1020, no albumen.

He was placed under quinine, egg-nog, and beef juice, and fomentations over abdomen with warm turpentine.

On the next day a decline of fever was observed, but tympanites not abated, continued treatment; but substituted a wet bandage about the abdomen for the fomentations. The day following a remarkable reduction of pulse, and fever set in; the former being only 50 per minute, and the latter 101°. This continued for twenty-four hours more, and led me to pronounce that he was laboring under uræmic, and not typhoid fever; but no albumen had been found in the urine. It was slightly alkaline with a volatile alkali showing the conversion of urea into carb. ammonia in the bladder. Two violent convulsions supervened during the two following days confirming the diagnosis. Later, a few rose spots showed themselves; the tympanites subsided; but the fever is very fluctuating, varying from two to four degrees, irregularly.

The patient is still under treatment. By employing an active diuretic we think we have prevented convulsions, at least, for the present.*

These cases show how the usual phenomena of true typhoid, except the tenderness in the iliac fossa, may all be due to a blood poisoning, from retained urinary constituents depending on destructive changes in the kidneys.

What the morphological characters of these retained substances are, producing varied and widespread diseases, we cannot say; only an approximate knowledge has been attained, by which we are led to suppose that they belong to the nitrogenous group.

Cholesteræmia.

Another very common form of blood poisoning is seen in that state which we call *biliousness*. Some constituent of the bile is not eliminated, or if so is reabsorbed; the blood is poisoned, and gradually a feeling of bodily and mental dullness are manifested. Lassitude and weariness are felt, or as may better be expressed, laziness is experienced. The mental condition exhibits this inertia equally with the physical; only there is more than mere indisposition to action, discouragement, and depression of all the faculties, despairing views of the future, and the loss of voluntary power in the use of memory and reason exists. Rest does not recuperate the weariness of exerted muscles; sleep does not refresh the mind; fatigue increases; the mental gloom

*The man died but no autopsy was allowed.

deepens, and many a time, the life has been sacrificed while this dark shadow has hung over its sky.

The kidneys exert themselves here in favor of the liver; but the main and speedy relief comes from an unloading of the biliary tubes, either spontaneously or by artificial means, so that the liver resumes its depurative functions again. The man of despair soon becomes full of hopeful and vigorous action. It is highly probable that the retained element which by its excess acts poisonously is cholesterine. This is the most notable product of tissue waste of the brain and nerve centres, and as the disturbed functions are chiefly of a nervous character, it may not be wide of the mark to charge it to this remarkable substance.

Besides the liver, the kidneys, and the skin, the surface of the large intestine eliminates in health a great quantity of waste product. Of the effects of arrest of function there, it is not possible for us to speak definitely; but a part of the relief of oppressed feeling by cathartics is doubtless due to increased action of the glandule that stud this structure.

It is hardly necessary to dwell upon the bad effects of retained carbonic acid.

Thus, we find that the substances which ordinarily escape by excretion, act as poisons if unduly retained, but producing varied phenomena, exciting largely on the one hand inflammatory action; on the other, remarkable dynamic disturbances. But the morbid states thus set up are not of the same nature as those produced by substances circulating in the blood, of organic character, the product of inflammatory action, and putrid and infectious substances.

Here we allude to pyæmic (Septicæmia-ichoræmia) thrombosis and embolism. It is impossible within the limits of this report to go over all the ground indicated by these names. For clinical convenience we may designate all under the term, pyæmia.

The following interesting case will show how pyæmia presents very similar conditions to rheumatism, indeed is often taken for it; so alike, that distinguished chemists have been deceived.

I was called in consultation to see a child who had varicella; the scabs clung to the skin, and absorption of the decomposing matter of the vesicles had taken place, resulting in swelling and tenderness of the joints in the right upper and lower extremities and suppuration in the extra synovial tissues; also subcutaneous abscesses existed in the arm and leg. All the conditions of suppurative fever were present. The abscesses were opened from time to time, and after a lingering illness he has recovered. This child has never been sick before, and lives in one of the healthiest places in Aarondale. On his mother's side there is a scrofulous taint.

Malaria.

The evidence seems to be accumulating on every hand, that some epidemic diseases and the leading epidemics are due to germinal matter, operating upon the system either by proliferation in the circulatory fluid, or clinging to the mucous surfaces, disturbing innervation and nutrition; these resulting in the varied manifestations in the structure and circulation of the blood, producing catarrhal and serous discharges, as in hay fever, Asiatic cholera, dysentery, etc.

It is proper and due to Dr. J. H. Salisbury, of our own State, to say that his publications have created a new interest on this subject, especially the demonstration, if we may accept fully all his statements, that autumnal fevers are due to the development of minute fungi in the districts where they prevail. These minute organizations, so abundantly developed in the system, may explain the peculiar post mortem appearances in the bodies of those who die of malarial disease.

MEDICAL BOARD OF THE EASTERN DISPENSARY, NEW YORK CITY.

Stated Meeting, February 15, 1870.

DR. R. J. O'SULLIVAN, PRESIDENT, IN THE CHAIR.

The minutes of the previous meeting having been read, (see reorganization, reported in MED. AND SURG. REPORTER, Feb. 12th.) were approved.

Dr. O'SULLIVAN then read the first paper of the course, previously announced, upon the "Clinical resources of Dispensaries and Hospitals."

The Doctor dwelt at some length on the advantages which clinical experience affords, and the ample opportunities for acquiring such experience which our city presents in its well-arranged, and for the most part, well-governed hospitals and dispensaries. Some years ago, said he, it was entirely different, when the ambitious student, desirous of posting himself up in that branch of his profession which he had chosen as his specialty, was imperatively compelled to cross the waters, to seek in Germany, France, and the British schools, teachers as well as subjects, from which to obtain the desired information.

Referring to the uses made of these institutions, and the objects of the individuals holding responsible positions therein, Dr. O'Sullivan regretted that so many were actuated by not very laudable, or at best, personal incentives, such as college-clique competition, professional pride, or desire of personal aggrandizement.

After referring to the causes which impeded progress in clinical study, the doctor concluded as follows:

"Our resources are ample in this respect, requir-

ing but a proper use, to be made of them, and the elimination of such abuses as may exist.

"Have we not, in our midst, brain and material sufficient to equal, if not excel, that of other nations?"

"If this, indeed, were only brought into honorable competition in our hospitals and dispensaries, it would not fail to produce the desired result."

The following remarks were made:

Dr. Garrish felt bound to say that the views of the author of the paper met his entire approval.

He had been identified for many years with clinical teaching in the city, and could therefore speak from experience. Dr. Garrish had felt, for some time past, the necessity of an organization similar to the one he was addressing.

He further said: "Where are we to get the data, if not from the institutions alluded to, from which deductions can be made from reliable sources, and which, if properly collated and applied, will go far to supply the deficiency so clearly pointed out in the paper before us."

EDITORIAL DEPARTMENT.

PERISCOPE.

Whisky as an Antiseptic Dressing.

In the *Glasgow Medical Journal* for February, Dr. D. BLAIR recommends the use of whisky as a surgical application. He says, I usually apply the whisky as follows:—

To remove the foreign substances or clotted blood, the wound is first washed thoroughly with strong whisky, it is then closed with stitches if necessary; again bathed with whisky, and covered with a rag and bandage both saturated with the same fluid; and finally, all is enveloped in gutta percha tissue or oiled silk, and directions given to the attendants to wet the bandage from time to time with the spirits. As a rule, the first dressing is not disturbed for three or four days, and afterwards it is changed every day, or every second day according to circumstances. The principal thing to be attended to is to have the bandage kept wet with the whisky—but not too wet, or it will impede the progress of the cure. I have never seen much sloughing, and I have not once seen erysipelas occur in wounds treated in this way. Probably because septic germs, if they exist at all, are not numerous in our hyperborean regions.

Case 1st.—J. M.P., a boy aged ten years, was amusing himself near a corn threshing machine, his hand got entangled in the wheels, and before they could be stopped, the middle finger and its metacarpal bone were crushed to pieces, the palm of the hand was lacerated severely, the ring finger was denuded of the flesh on the palmar aspect, but the bone was not broken. The boy having been put under the influence of chloroform, I removed the lacerated part and injured bone, then dressed the wound with strong whisky. The following day, when visited, the boy was sitting by the fireside, supporting his hand on a pillow laid on his knee.

He was quite comfortable and cheerful, and could not be induced to remain in bed. I need not detail the progress of the case, suffice it to say that the hand healed rapidly, and I ceased attendance in three weeks.

Case 2nd.—Boy 8 years old had his hand caught between the wheels of a hay crushing machine, which was driven by a horse. Before the animal could be stopped, the hand of the boy was fixed in, and the arm drawn round the wheel so firmly that the little fellow could not be extricated until the machinery had been turned backwards. The thumb and next two fingers were torn off at their articulation with the metacarpus. The palm of the hand and inner aspect of arm up to axilla were lacerated so badly that we feared it would not be possible to save the whole arm; the metacarpal bone of the thumb was smashed and had to be wholly removed. We resolved to take away in the first place, only what was strictly necessary of the hand, and give the arm a chance of recovery. The parts were wrapped in cloths with whisky, in the usual way, and the friends directed to wet the bandage two or three times daily. On the fourth day we removed the dressing for the first time; there was no discharge, no inflammation, no swelling. The arm looked well; the case went on uninterruptedly, and I only required to see him thrice.

Case 3rd.—J. S., aged about 60, had his fingers crushed by machinery; amputated part of two of them. Applied whisky; no inflammation, no suppuration. Result good.

I have also used whisky as an application to bed sores. When fever occurs epidemically in country districts and villages, especially in the Highlands, it generally causes a panic among the inhabitants. The dread of contagion is so great that occasionally no one will venture to undertake the duties of nurse; under these circumstances bed sores are of frequent occurrence. I have seen more than one case in

which the os sacrum and coccyx were exposed from sloughing in typhus, and yet the patients recovered. The bed sores were treated with linseed and oatmeal poultices, mixed with whisky, until the slough separated, then whisky lotions were applied.

In cases of chronic and scrofulous abscess, I have used whisky as an injection, and find that it checks the discharge and hastens the cure. In a case of scrofulous abscess of the hipjoint I attribute the recovery of my patient to its having been used in this way. The pain and hectic before and for some time after the abscess was opened, caused so much prostration that I had slight hopes of my patient's recovery. I persisted, however, in using the injections two or three times daily, bathed the whole limb often with spirits, and kept it wrapped in cotton wadding and a bandage. The stomach for a time would not tolerate solid food of any kind, and even beef tea provoked nausea. Notwithstanding, in an incredibly short time, my patient rallied, and I had the pleasure of seeing him walk well, although the joint continued somewhat stiff.

In a singular case of abscess, situated beneath the muscles in front of the abdomen, which opened at the umbilicus, I was highly pleased with the result gained by these injections. The discharge obstinately continued, although I perseveringly applied for a considerable time poultices and lotions of different kinds; at last, I resolved to inject with strong spirits, but from the peculiar situation of the abscess, and fearing inflammation might supervene, I used it very cautiously at first, but no unfavorable symptom having followed the first application, by degrees it was used more freely—two or three syringefuls at a time repeated twice or thrice daily. In a few days there was a marked improvement, and soon the discharge ceased completely, and the patient is now well.

Poisoning by Scarlet-Runner Beans.

Dr. GEORGE WELLER, M. R. C. S., etc., Surgeon to the Merchant-Seaman's Asylum, Snaresbrook, sends the following case to the *British Medical Journal*.

On the morning of May 10th, at 9.30, I was summoned to the above Asylum in great haste to see a child who was said to be seriously ill from eating scarlet-runner beans. When I arrived, I found a boy, aged 11, suffering to all appearance from symptoms of some irritant poison. He told me that at 7.30 A. M. he ate six of the beans, and would not confess to eating more. At 8 A. M. he partook of his breakfast, which consisted of one-third of a pint of milk and water and eight ounces of stale bread. At 8.30 he was violently sick, and continued to be so for an hour. When I arrived, at 9.30, he was being supported by the nurse, in the water-closet, in a state of collapse from repeated retching, to-

gether with excessive diarrhoea. His face was ghastly pale; the pulse imperceptible at the wrist. The matter vomited consisted of undigested food mixed with portions of the beans. The pupils were normal; the surface of the body was cold and clammy. On placing him in the recumbent posture and giving small and repeated doses of hot brandy and water he somewhat rallied, but felt much inclined for sleep. I ordered him to have a warm bath, and cataplasms to the calves of the legs, soles of the feet, and over the precordial region, and to drink freely of barley-water; he soon recovered, and was able to leave the ward the next day.

I consider the above case an interesting one. I have referred to two or three works on botany, and have failed in finding any remarks as to the poisonous character of this plant.

Diuretics.

At the Royal Medical and Chirurgical Society, London,—Tuesday, February 8th, 1870, a paper was read by Dr. F. B. NUNNELEY, of York, on the Action of Citrate and Acetate of Potash, of Spiritus Etheris Nitrosi, and of Oil of Juniper on the Urine in Health. The author had made the necessary experiments upon himself, and the method pursued was to estimate the water, urea, and solids of the urine each day for about twenty-eight days, during the middle twelve days which the medicine was taken, the days before and after being medicine-free. Citrate of potash was taken to the extent of from ten to eighteen drachms in twenty-four hours; was found to increase the water by $2\frac{1}{2}$ ounces, and to diminish the urea by 84 grains, and the solids by 60 grains. The acetate of potash, in daily doses of from $2\frac{1}{2}$ to $3\frac{1}{2}$ drachms, exerted a similar influence in a somewhat less degree. The spiritus etheris nitrosi (ten to eighteen fluid drachms in twenty-four hours) slightly increased the water, and diminished the urea by fifty-four grains, and the solids by 122 grains. The oil of Juniper (thirty to forty minims in twenty-four hours) slightly increased both the urea and the solids.

On Scarlatina.

Dr. EDWARD M. SNOW, of Providence, in his report as City Registrar for February, says on this topic:

Some English writers contend, (and their ideas are repeated in this country), that scarlatina is a highly contagious disease, and we are treated with special and minute directions for the disinfection of rooms where the disease has been present, and are urged to give particular care to the disinfection of the clothing and excreta of scarlatina patients. It would be supposed from the directions given that scarlatina is, if possible, more contagious than small-

pox. It seems to me that all such teachings in relation to scarlatina are not only erroneous, but are calculated to do very great harm in the community by exciting unnecessary fears, and making unnecessary and utterly useless trouble. In my opinion, scarlatina is not, in any correct sense, a contagious disease; nor is it even infectious in so great a degree as typhoid fever. It is true that our positive knowledge of the causes of scarlatina is very limited. A dozen years since, one of my reports contained the following:

"Less is known in relation to the causes of scarlatina than in relation to those of almost any other disease, and it seems thus far to baffle all sanitary investigation, and bid defiance to all sanitary precautions. Unlike most other epidemics, it visits equally the city and the country; the solitary farmhouse and the thriving village; the hill and the valley; and often exhibits its most terrific power where, judging from the known laws of epidemics, it would be least expected. It knows no distinction of classes, but destroys alike the children of native and of foreign parentage; and carries desolation as often to the homes of the rich as of the poor. It sometimes seems to arise from contagion; but again it often appears where contagion is impossible."

This was written in 1858. Since that time I have recorded the deaths of several hundreds of children from scarlatina, with all the particulars of age, sex, parentage, locality, etc., and have carefully studied the facts from year to year, and yet what I have learned of the causes of the disease has been little more than confirmatory of the sentiments then expressed. I think now, that it is certain that scarlatina not unfrequently appears when there is no possibility of contagion; that it frequently appears where there is no probability of contagion; and that it very often fails to appear where there is the greatest exposure to contagion, if it exists. In a word, it is certain that all efforts to prevent the disease by seclusion or quarantine have utterly failed.

In Providence we can go still further, and I think we can prove positively that the good ventilation, the greatest cleanliness, perfect freedom from all offensive odors, and every convenience and luxury that wealth can procure, have not the slightest influence in preventing the disease. On the contrary, we can show that scarlatina in this city, during the last fifteen years, has been fully as severe and fatal among those who live in comfort and affluence, as among the poor, and among those who live in poorly ventilated and filthy tenements.

Cleanliness and ventilation are of the utmost importance, and should never be neglected in any sick room. The comfort, and often the life of the patient depend upon them, but they will not prevent the spread of scarlatina.

Reviews and Book Notices.

NOTES ON BOOKS.

Among Italian writers on hygiene, Dr. ANTONIO LUIGI BRUZZA is one of the foremost. He is a naval surgeon, and it is principally to naval hygiene that his studies have been directed. Within the last ten years he has published six works on that branch. Quite recently he has written a *Compendio di Igiene pratica e popolare*, which reached a second edition in five months. We have found it a valuable little treatise, convenient for use in schools, and well adapted to popular instruction.

"The Annual Journal of the Eclectic Medical Association of the State of Indiana for 1869," a pamphlet of sixty odd pages, carelessly printed on inferior paper, fairly represents in its appearance the status and acquirements of the Eclectic brethren. The best joke in it is a letter on p. 6, called, "A letter by J. Hugh (!) Bennett, of Edinburg." It seems there is an Eclectic college out West somewhere, named after this professor, and he innocently felt flattered and wrote quite an epistle about it. He little knew the company he was getting in. Nothing else in the pamphlet is worth mentioning.

Prof. Henry Miller, of the Louisville Medical College, has printed in pamphlet form his "Thoughts on Chronic Inversion of the Uterus, specially with reference to gastrotomy as a substitute for amputation of the uterus," originally published in the *Richmond and Louisville Medical Journal*. He takes strong ground against gastrotomy. The case he relates of a woman who survived and was healthy after the whole of her uterus and ovaries had been torn away by a midwife, who mistook them for the placenta, is one of the most extraordinary in obstetric annals.

We learn that the extensive publishing house of J. B. Lippincott & Co., of this city, have in press, and will issue on or before the first of June, a very complete work, historical, descriptive, and scientific, of that great natural curiosity, the MAMMOTH CAVE of Kentucky, by Dr. W. STUMP FORWOOD, now of this city, whose name is known to many of our readers. We are informed that the book will be printed in good style, and will be handsomely illustrated with colored lithographs.

Uncontrolled Insanity.

Another revolting case of homicide by an insane person occurred in Baltimore, on April 21. An insane woman in a fit of uncontrollable frenzy, cut the throats of her four children and her aged mother. These sad records are increasing in frequency.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 7, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE LIMITS OF SCIENCE.

The readers of the REPORTER have lately had explained to them, or rather had an attempt made to explain to them, how light, one of the forms of motion, is converted into thought. A skilful lecturer recently delivered a most entertaining lecture in this city, during which he, in a similar manner, undertook to demonstrate that sound is converted also into thought. The argument in both instances was based upon the doctrine of the conservation of force, and its metamorphosis into different phenomena. The vibrations in matter of great tenuity which give rise to the manifestations of light and sound were traced in their course to the gray matter of the brain, and there, say the lecturers in question, "are converted into thought."

Any but a most superficial examination of this statement proves it to be illogical, and, probably, contrary to known facts. It presupposes that thought itself is a form of motion, which we need not say is as yet entirely unproven. That by these means thought may be excited or awakened, is a truism, and is very far from being an identical proposition. Thousands of sounds, millions of light waves are constantly breaking upon the gray substance of the brain, and give use to no thought at all. The reasoning faculty pursues its sublime meditations when light and sound have alike ceased their importunities, and when all the avenues of the senses are steeped in silence.

The bridge which unites perception with reflection, the thought with the motion, the psychological manifestation with its physical ex-

citant, is as little known now as in the days of Plato and Aristotle. The physicist who chooses to unite them under one category, violates a law of experimental research, and exposes himself to the same censure which he is apt to deal out to those who seek to subject the truths of science to the requirements of dogma. Let each learn to respect the limits which nature has set to knowledge, and learn to appreciate the difference which exists between the metaphysical and physical pursuit of truth.

If the time comes when it is proven that thought is a mode of motion, at that time we shall have a very different conception of motion than that now current; and it will not undermine those practical truths which govern our daily life and duties. But that time is certainly not upon us now, nor near us, and therefore the prudent physicist will not venture into the vague and shadowy realms of hypothesis, but confine himself to the solid ground of deductive research.

"Steht er mit festen,
Markigen Knochen
Auf der wohlgegründeten,
Dauernden Erde;
Reicht er nicht auf,
Nur mit der Eiche
Oder der Rebe
Sich zu vergleichen."

UNIVERSITY OF PENNSYLVANIA.

We have more evidence, which we record with the greatest pleasure, that the medical department of the University is awakening to new life and vigor. The appointment of Dr. AGNEW recently to a professorship—a position he ought to have occupied long ago—has been speedily followed by the appointment of Dr. WILLIAM PEPPER, son of the late Professor of Theory and Practice of Medicine, to the chair of Professor of Clinical Medicine. The establishment of these two professorships is an indication that more is to be done to give a practical direction to teaching in the University than heretofore. A praiseworthy decision, truly!

We congratulate the Faculty and Students on the appointment of Dr. H. LENOX HOPKINS to the position of Demonstrator of Anatomy. He is well fitted, we believe, in every respect to fill it with credit to himself and honor to the University, having been, for several years past one of the most popular and successful private lecturers to medical students in Philadelphia. Since Dr. AGNEW discontinued his private lectures, we believe that Dr. HOPKINS

May
has h
Dr. H
Emer
of Wo
A n
ments
are to
pardon
is emi

BULL

In ord
tice to A
experien
He dest
of treatm
sugared;
indicatio
argument
novelties
results of
suggested
While t
from fore
he would
unpublis
ders of th
idently se

JOHN HU

IN

68. E

A

Our au

gout as w

fit in secu

69. R

TV

70. R

TV

In chro

joints.

PR

71. R

For on

the joints

purgation

*Entered

1870, by G

the Distric

N. B.—T

cal Journal

issued in b

has had the largest private classes in the city. Dr. H. is a son of Professor HUGH L. HODGE, Emeritus professor of Midwifery and Diseases of Women and Children in the University.

A noticeable feature in both these appointments is their nepotism, to which our schools are too much given, and which can only be pardoned where the appointment is one that is eminently fitting to be made.

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By GEO. H. NAPHEYS, M. D.

No. 7.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of treatment, i. e., the exact combination of remedies employed; the doses; frequency of administration; contraindications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

Gout.

JOHN HUGHES BENNETT, M. D., F. R. S. E., PROF. IN THE UNIVERSITY OF EDINBURGH.

68. R. Potassæ nitratis, $\bar{3}$ ss.
Aque, $\bar{f}.\bar{3}$ vj. M.

A tablespoonful every four hours.

Our author has employed this mixture in acute gout as well as acute rheumatism with marked benefit in securing diaphoresis and relief of the pain.

69. R. Potassæ acetatis $\bar{5}$ ljss.
Spiritus ætheris nitrosi, $\bar{f}.\bar{3}$ ss.
Tincturæ colchici, $\bar{f}.\bar{3}$ j.
Aque camphoræ, ad $\bar{f}.\bar{3}$ vij. M.

Two tablepoonsful ter die.

70. R. Ammonie phosphatis, $\bar{3}$ j.
Tincturæ colchici, $\bar{f}.\bar{3}$ j.
Aque, $\bar{f}.\bar{3}$ vj. M.

Two tablepoonsful ter die.

In chronic gout with tophaceous deposits in the joints.

PROF. S. D. GROSS, PHILADELPHIA.

71. R. Vini colchici radicis, $\bar{f}.\bar{3}$ i.
Morphiæ sulphatis, gr. i. M.

For one dose at bed time in gouty affections of the joints. This treatment should be preceded by purgation or venesection, if indicated, and be follow-

ed in the morning by a gentle laxative. These doses are recommended by our author as the most efficient and as seldom disappointing the most sanguine anticipations. When there is a full bounding pulse indicating excessive arterial action then the following will come into play:

72. R. Tincturæ aconiti radicis, $\bar{f}.\bar{3}$ i.
Morphiæ sulphatis, gr. ij.
Antimonii et potass. tartratis, gr. j.
Aque, $\bar{f}.\bar{3}$ ss.
Syrupi zingiberis, $\bar{f}.\bar{3}$ ss. M.

A teaspoonful every three hours.

Veratrum viride may be substituted for the aconite in the same or double the dose. The action of these potent remedies should, of course, be carefully watched and kept within proper limits. Together with the above means the following should be employed to neutralize the acid state of the blood:

73. R. Potassæ bicarbonatis, $\bar{3}$ j.
Sodæ bicarbonatis, $\bar{3}$ ij. M.

For six powders, one to be taken every six hours in a wineglassful of water.

As a local application nothing will be found better than

74. R. Tincturæ opii, $\bar{f}.\bar{3}$ j.
Linimenti saponis, $\bar{f}.\bar{3}$ ij. M.

To be rubbed in twice a day and constantly kept in contact with the affected joint by means of a piece of flannel covered with oiled silk. A fly blister may be used if the disease manifest a disposition to linger.

LONDON HOSPITALS.

CHARING-CROSS HOSPITAL.

Dr. SALTER's treatment of cases of acute gout does not differ in any essential particulars from the general management of such cases; and the results are such as, in his opinion, to entitle the treatment to be considered successful. It consists of the administration of certain remedies; the prescription of certain dietetic and other management; and the application to the part affected of a certain local treatment. What he generally orders is a mixture containing iodide of potassium, bicarbonate of potash, colchicum wine, and decoction of bark. He regards as groundless, in the great majority of cases, the fears that are so often expressed of the peculiarly lowering tendency of colchicum; at the same time recognizing the fact that cases are sometimes met with which appear to be almost absolutely intolerant of it, and others that bear it very ill. He thinks that it should always be commenced very cautiously and tentatively with those who have never taken it before. He is equally incredulous of the opinion that has been expressed by Dr. TODD and others, that colchicum tends to render gout more inveterate and more apt to recur.

Dr. Salter thinks it very important, unless the case is trifling, that the patient should be kept in

*Entered according to Act of Congress, in the year 1870, by GEO. H. NAPHEYS, M. D., in the Clerk's Office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being used in book form.

bed, for the sake of the perfect physical rest, for suspending all wear and tear, and for getting some sleep by day in case the rest is much disturbed at night. He prescribes a light and simple diet—farinaceous foods made with milk, beef-tea, and fish. He does not by any means consider stimulant a *sine quid non*; he very often gives none at all; and in cases where the patient's condition absolutely requires it, he prefers claret, or claret and potash-water, to anything else. Unless the pain is very severe and distressing by day, he does not give any sedative except at night, when he gives a sufficiently large dose to command sleep, whatever that dose may be.

The local treatment of our author is all that is peculiar. It consists in the application of the following lotion:

75. R.	Potassii iodidi,	ʒi.
	Potassæ bicarbonatis,	ʒj.
	Aquæ bullientis,	ʒj. M.

To this a little tincture of opium may be advantageously added.

Doubled lint saturated with this lotion is applied to the part affected, and covered with oil-silk; to that is put a layer of cotton wool, and the whole swathed in a flannel bandage. The lint should be taken off from time to time, and re-dipped in the lotion. The relief that the patients experience from this application is very great. With or without this lotion, there are three other things on which Dr. SALTER insists in the local treatment of a gouty joint—perfect physical rest, protection, and preventing the part affected being too dependent.

MIDDLESEX HOSPITAL.

In the treatment of acute gout, Dr. MURCHISON commences by clearing out the bowels with colocynth, blue pill, and henbane, and then he relies mainly on alkalies and colchicum, the bicarbonate of potash, and colchicum wine. With these he usually combines the nitrate of potash, and in private practice the patient is also instructed to drink lithia water. In rare cases, where there is irritability of the stomach, it may be necessary to subdue this by bismuth, magnesia, lime water, and ice, with, sinapisms to the epigastrium, before giving colchicum. The inflamed joints are covered with pledgets of lint moistened with laudanum, or with belladonna liniment and oiled silk, and the whole enveloped in cotton wool. Opiates are not given except in rare cases where the pain is protracted and severe, and not even then unless the bowels be well open, and the urine free from albumen. The patient's diet is restricted for the most part to milk and farinaceous articles.

ST. GEORGE'S HOSPITAL.

For the purpose of clinical instruction, Dr. FULLER divides cases of acute gout into two classes, namely: 1. Cases in which the excretory organs

are originally sound and functionally active—cases in which the attack of gout is due principally to excess and indiscretions of diet; and 2. Cases in which the excretory organs are in some way disordered, and fail in performing their eliminatory functions—cases in which the patient is not necessarily guilty of indiscretions of diet, but in which the liver and kidneys fail in their action, either as the result of functional disorder, or of organic change in their structure.

The first class of cases correspond with those which pass under the name of sthenic gout; the tongue is usually furred; the urine loaded, and the bowels are commonly torpid. In these cases, until the acute symptoms have subsided, Dr. Fuller restricts the diet to liquids, administers a saline draught containing sulphate and carbonate of magnesia, and a few drops of colchicum wine, occasionally gives an aperient pill containing calomel, aconite, and opium, and wraps the joints in finely carded wool, or in flannels steeped in a solution of soda and laudanum. As the acute symptoms subside, a more generous diet is permitted, and some light, bitter tonic, such as tincture of gentian or calumba, is added to the mixture.

The second class of cases have more affinity with what is termed atonic gout: the tongue is often clean and the urine clear—sometimes of low specific gravity,—and the bowels are regular. In these cases Dr. Fuller does not restrict the diet to the same degree; he allows a little meat without vegetables, and also, if desired, a glass of sherry or a little spirits and water. He acts freely on the skin by means of the hot-air bath; administers an aperient in the morning containing taraxacum and sulphate of magnesia, and during the day he gives a warm stomachic draught containing ammonia, and a few grains of soda in a light bitter infusion. Occasionally a dinner pill is prescribed containing rhubarb and a grain of colchicum; and in some instances, characterized by pale clear urine, a draught containing quinine, the mineral acids, and taraxacum, is substituted for the mixture just referred to. In these cases, as soon as the acute symptoms have subsided, a drachm of the syrup of phosphate of iron is given each morning before breakfast.

WESTMINSTER HOSPITAL.

Dr. RADCLIFFE thinks that, during the last 20 years, there has been a great change in the character of the cases of gout which fall under the physician's notice. The acute gout of old, he believes, is now rarely met with. It is much more common to meet with the subacute form—the form, that is, which is more nearly allied to rheumatic gout. Dr. Radcliffe does not employ colchicum. In a case of gout where some part of the foot is involved, he raises the limb to a height above that of the pelvis, gives diluents, iodide of potassium, alkalies, and no

colchicum. Nor does he give purgatives. He diminishes the allowance of port wine and beer.

J. SPENCE RANSKILL, M. D., PHYSICIAN TO THE HOSPITAL FOR PARALYSIS AND EPILEPSY, LONDON, ETC.

Our author read at the meeting of the Harverian Society a paper on the therapeutic value of.

Olive Oil.

The paper consisted of a history of two cases of gout, which he considered types of the kind of disease, and especially as to the stage of it in which the internal administration of olive oil was most useful. The first type was represented by a patient affected with comparatively acute attacks, reappearing with very short intervals, and making little or no way toward convalescence. Bark, quinine, iron, had frequently failed to prevent a reappearance of the disease. Cod-liver oil was rarely borne at all. In such cases, olive-oil, given when the patient lapsed in the interval, had answered all the acquirements of the case in Dr. Ranskill's hands. Nutrition began to improve, and no more relapses occurred. The second case was a type, also, of a class of cases, where all acute symptoms having long subsided, vague and uneasy pain remained in all the joints—associated only with stiffness or difficulty and pain on movement. The general health, meanwhile, slowly deteriorated, with much general wasting; and no impression could be made on the system by the usual tonics. Here the use of olive-oil was more quickly beneficial; but it often seemed to act as a hæmatogen. In true rheumatoid arthritis, the use of the oil was, perhaps, more beneficial than most ordinary remedies; but Dr. Ranskill could make no assertion as to the favorable action of any single remedy on this disease. The dose of olive-oil should not exceed a teaspoonful at the commencement; it should be gradually increased until a laxative effect announced the attainment of such a dose as exceeded the absorbent power of the stomach and intestines. Any vehicle, containing a few drops of sulphuric ether, would then help to assimilate the oil and prevent diarrhoea. It was important to obtain perfectly fresh and new oil, to insure absence of rancidity, and consequent eructations and disorder of the stomach. Dr. Ranskill considered the remedy as a combination of food and physic; but still one unattainable by ordinary food and medicine. It was important to begin its administration when the patient was free from acute attacks, or, at least, from fever. The passage of pale urine, or of greenish yellow urine, that suggesting oxaluria, was an indication for its use, especially if accompanied by hypochondriasis, general malaise, and weariness and aching of joints. Dr. Ranskill said he had found great benefit from the use of olive-oil at the Hospital for Paralysis and Epilepsy, especially in cases of lead-poisoning, after

the acute symptoms, such as colic, had subsided; always in the malnutrition accompanying paralysis of the extensors of the hands; also in Cruveilhier's atrophy; and in epilepsy, associated with great cachexia. In all these conditions, supposing cod-liver oil disagreeing, and therefore inadmissible.

"Sure Cures."

We have noticed several "sure cures" going the rounds of the dailies lately, and that physicians may not be the only ones ignorant of them we repeat them.

Hydrophobia. First, raw onions, are an infallible specific. They are to be taken *ad libitum*. The best method of administration is to lock the patient in a room with a pile of them handy.

Second, Elacampane. "Elecampane is a plant well known to most persons, and is be found in many of our gardens. Immediately after being bitten take one and a half ounces of the root of the plant—the green root is preferable, but the well dried will answer, and may be found in our drug stores, and was used by me—slice or bruise, put it into a pint of fresh milk, boil down to half a pint, strain, and when cold drink it, fasting at least six hours afterward. The next morning, fasting, repeat the dose prepared as the last, and this will be sufficient. It recommended that after each dose nothing be eaten for at least six hours."

Small Poz. When the preceding fever is at its height, and just before the eruption appears, the chest is rubbed with croton oil and tartaric ointment. This causes the whole of the eruption to appear on that portion of the body, to the relief of the rest. It also secures a full and complete eruption, and thus prevents the disease from attacking the internal organs. This is now the established mode of treatment in the English army in China, and is regarded as a perfect cure.

Useful Invention.

Dr. G. M. STERNBERG, U. S. A., has invented an application of electricity which promises to be useful. It is an electro-magnetic regulator for dampers and valves. It can be adapted to the automatic regulation of temperature, of steam pressure, of the height of liquid in a reservoir, etc.

Errata.

Page 318, 17th line from bottom, for *mere* read *non*.

Page 319, 8th line from bottom, for *of* read *to*.

Page 353, in the heading of Dr. Alexander's article, omit the word "*Infantile*." The treatment is intended for adults also.

Page 353, 11th line from bottom, for *substance* read *sustenance*.

The Enemy Active.

We notice that the enemy is still busy sowing tares in our wheat fields. *The New York Tribune* of a recent date says:

"Some of the homeopaths are now engaging more actively in a work that will turn increased attention toward their system through its application to insanity. Their institution at Middletown is proposed, in a bill of Assemblyman Graham, to be somewhat changed in name, and more fully organized. In case \$150,000 shall be raised by private means, this bill proposes the State shall give an equal amount—which \$300,000 shall be used in buying suitable lands and erecting buildings for enlarged operations.

Vital Statistics.

The vitality statistics of Michigan have just been published. The fact brought out that will strike the reader as the most singular is, that the professional men were the longest lived class. The average age of clergymen and physicians was 59 years, while that of farmers was 51.27 years, being even less than that of shoemakers, whose average age was 55.50. Clerks enjoying a shorter life than any other class, only 33.14 years being allotted to them. Of the various diseases that sweep away the people, consumption was the most fatal, its victims numbering 841, out of a total number of deaths of 6,326.

Medical Society of New Jersey.

This venerable Society—the oldest in America holds its 104th annual session in Trenton on the 4th Tuesday in May.

The committee of arrangements in this city are Drs. Freese, Hodge, and Walberg Coleman. The annual meetings of the society are generally occasions of great interest.

We bespeak a general attendance.

Annual Meeting of [the Medical Society of] New Jersey.

The annual meeting of the Medical Society of New Jersey will be held in Taylor Hall Building at Trenton, on Tuesday and Wednesday, May 24th and 25th, commencing at 7 o'clock P. M. on Tuesday.

WM. PUISON, JR.,
Recording Secretary.

Orange, N. J., April 29, 1870.

—Dr. J. W. Byers, of Missouri, for a number of years a practicing physician, has been appointed a missionary to Corisco, West Africa. It is understood that Dr. Byers will very soon set sail for this mission, which has recently been very much weakened by losses and sickness.

Correspondence.**DOMESTIC.****Medical Education.****EDS. MED. AND SURG. REPORTER:**

If the sentiments expressed in the records of numerous medical societies, and the communications of many members of the profession, to our various medical journals are trustworthy, there is no want so deeply and earnestly felt by the regular profession as that of a more thorough medical education. While many attribute the deficiency in this respect to the ignorance and want of discrimination among the people, outside of the profession, which permits them to employ and remunerate in the same manner, and to the same, if not greater, extent the pretender and the educated physician, I think it is but justice to ourselves and the community that we look carefully to our own body and see whether "a mote," at least, may not be discovered in its eye.

The relation that the following case, which has recently come under my own observation, bears to this subject may be readily perceived by all. An individual, at least forty years of age, who had, during the last fifteen or twenty years, been engaged in the various callings of pedagogue, clergyman, legislator, "natural healer," (stationary and itinerant,) administrator of little pills, according to the benign (?) principles of homeopathy, animal magnetizer, etc., etc., having a personal friend in the medical profession a prominent member of the State Medical Society of Minnesota, made known to said friend his desire to become a regular M. D., provided he could do so without expending too much time and money in the process. During the summer and fall of 1869, by the aid of this friend, communication was opened with the Jefferson Medical College, of Philadelphia, and sufficient assurances were received from the *dem*, DR. B. HOWARD RAND, to cause this pursuer of medical knowledge, or more properly of the degree of M. D., to report himself at the college above mentioned, armed with his friend's certificate in regard to moral character, qualifications, practice, etc. He was duly admitted, accepted as a candidate for graduation, and now his name appears in the list of graduates from that institution at its last commencement; he thus having obtained the much desired degree by a course of study of *less than six months* duration, and by the aid of funds procured by pursuing practice according to the most approved methods of modern charlatanism.

Now is this *regular* M. D. entitled to the rights and privileges of a member of the medical profession simply because he has procured a diploma from the

Jefferson Medical College? and does the possession of said instrument render him any less the quack? I am informed that he has already entered upon his career as an itinerant, in which capacity his diploma will be of incalculable value to him.

Respecting the physician who gave the certificate, and the college that granted the diploma, I have nothing to say, as they are *regular*, therefore honorable and unimpeachable! NORTH WEST.

[It is with sincere regret we learn the state of things as disclosed by the above letter. The writer is a responsible physician in Minnesota, whose name we are ready to give. If the present officers of the Jefferson Medical College are yielding to the temptation to manufacture doctors in that style, they are doing an injustice to its alumni, injuring its reputation, and aiding in the degradation of professional education. EDS.]

Worm Confections—How They Act.

EDS. MED. & SURG. REPORTER:—

Sallie T., aged 6 years, was taken violently ill on April 6th; I was called in; found my patient suffering under severe abdominal pains over hypogastric region, vomiting and diarrhea with tormina and tenesmus; conjunctiva injected; pupils dilated, and all the symptoms of marked prostration. On questioning the mother, I learned that she had given the child 8 worm confections obtained from a neighboring drug store. This information enabled me to see more clearly the nature of my case. The symptoms indicated some irritating substance within the stomach and intestines. Remedies were administered to counteract the irritating effect of the poison which I conclude from the symptoms and the mother's statement, to be *santonine*. This enters largely into the composition of the nostrums, which are advertised by impostors as safe, pleasant, and effectual worm destroyers.

The treatment was followed by recovery, yet my little patient was left much prostrated.

G. FORD MEESER, M. D.

Philadelphia.

Experience of an aged Pioneer.

EDS. MED. & SURG. REPORTER:

Just across the river, in the adjoining county of Clarion, lives Mrs. Lash—one of the few surviving pioneers of Western Pennsylvania.

During an interview with her a few days ago, we gleaned the following facts, some of which may be of interest to the readers of the REPORTER.

This useful Christian lady is nearly seventy-two years old. She was wife to her first and only husband, fifty years lacking three days. She is the

mother of six children; the grandmother and great-grandmother of sixty-four.

Owing to the scarcity of doctors in early times, this lady, possessing good nerve and excellent sense, became a useful nurse and a practical midwife. Her services were in demand far and near. Her life has been one of eminent usefulness.

She was the presiding genius at one hundred and seventy-six births. Among these were three pairs of twins; three were born feet foremost the rest being normal cephalic presentations.

There was not one case of puerperal fever, convulsions, or placenta previa. Three times she called medical or surgical aid to remove the placenta. She invariably used two ligatures, severing the cord between them, and in many cases omitted the binder. She confined the mother to bread, water, and sugar, for nine days, and lost neither mother nor child in all her experience; true, she attended many cases of premature births, besides those just enumerated, among which she lost not one mother.

She was generally able to control after pains and re-establish suppressed lochia, by placing over the pubis a large handful of tansy, catnip, peppermint, spearmint, or other aromatic herb, over which boiling water had been poured, and applied as hot as the patient could bear it.

A. D. BINKEED, M. D.

Parkers Landing, Armstrong Co., Pa.

Cerebro-Spinal Meningitis.

EDS. MED. & SURG. REPORTER:—

On the 13th of February last, epidemic meningitis broke out in this locality, ten deaths in all occurring, eight of them during the first eight days. It has been confined to a locality of four miles square. I will give, briefly, the symptoms and treatment we have adopted.

The first symptom was a chill, which lasted from one hour to six hours before reaction took place. Some few, in fact all of the fatal cases, never seemed to have any reaction at all, dying in from eleven to thirty-six hours; in fact, were dead before fever formed at all; the pulsation at the wrist being gone while the external arteries of the neck and face could be seen beating with a fretful or fluttering motion. If reaction came on, there were more or less acceleration of pulse, heat of skin, intense headache either in the front or back part of the neck, in some cases extending down the spine; partial paralysis in some cases; in fatal cases, coma more or less profound came on in from two to six hours, and lasted till death. The tongue generally was covered with a thick creamy coating, with more or less of enlarged red papillæ, protruding through the coating.

About one-half of the cases were profusely covered with petechia, and dark purple spots, like ecchymosis, from the size of a pin-head to two inches in diameter. In those cases that recovered, these spots sloughed, and came out by a well-marked line of demarcation.

The bowels and urine were apparently normal. Some cases were attacked the same as an ordinary case of inflammatory rheumatism, except the heat and swelling of the joints. The attack in all as far as my knowledge goes was sudden, and all of the fatal cases, but two, were attacked between midnight and 5 A. M. The pupils of the eye in all were largely dilated. The fatal cases occurred in those from five to twenty years of age; males and females about equal in number. Convalescence in the recoveries was slow; relapses none.

The treatment consisted in bromine, in large doses in some cases, grs. v, every three hours, with capsicum; tinct. chloridi ferri, in large doses, with stimulants; sinapisms to the spine, chest, and extremities.

The quinine was generally given at first in hot brandy sling. In some cases with a strong tendency to putrid symptoms, chlorine mixture was given quite freely. Such is a brief outline of the history, symptoms, and treatment of the disease as it appeared here.

O. LOGAN, M. D.

Albion, Erie co., Pa., April 2, 1870.

[The above description corresponds closely to the cerebro-spinal meningitis which was so terribly fatal among the drafted men in Illinois, in January, February and March, 1865. In February, 128 deaths occurred in Camp Butler alone. The nocturnal onset, and the excruciating pain in the back of the neck, we well remember as prominent symptoms. The most varied and heroic treatment was utterly unavailing.—Eds.]

Marasmus.

EDS. MED. & SURG. REPORTER:

Jane Wilson, æt. 4, about six months, before her mother requested me to treat her began to emaciate with gradual loss of muscular power, and of voice. During four months she could neither stand, nor speak louder than a feeble whisper. Her wasted muscles were flabby, and her skin much corrugated, while pain pervaded her entire person. After various inquiries I ascertained from the mother, that Jane habitually and voraciously craved large quantities of animal food, especially fat pork, which was often on the table in consequence of her father being extremely fond of it. He constantly gave her as much as she requested.

My diagnosis was: that the cause of her condition was a suspension of nutrition, dependent upon undigested food, which was incapable of furnishing

chyle. I charged her mother never to allow her to gorge andize again, and prescribed

R. Syr. Ipecac, f.ʒj.

Dose, 5 drops, 10 minutes before each meal.

R. Syr. ferri iodid., f.ʒj.

Dose, 6 drops, 4 times a day, in a teaspoonful of water, combined, till relieved of pain,

R. Liq. morph. sulph., f.ʒij.

Ten drops.

Five days subsequently she could stand and crawl. In three days more she could walk about and talk; and in three weeks from the commencement of treatment, she was entirely well, and has continued so up to the present time.

THOMAS BARROW, M. D.

Baltimore, Md., April 9th, 1870.

A Case of Miscarriage.

EDS. MED. & SURG. REPORTER:

The following is the report of a case of miscarriage, with profuse hemorrhage, and recovery of the patient.

Mrs. A., aged 35; active, although anæmic woman; was suddenly delivered of a fetus of about four months, at one o'clock, on the morning of the 10th of March. Shortly afterwards I was called and found her almost moribund from loss of blood. She had complained during the previous day of a dull headache, with lassitude, and went to bed; towards midnight, however, she expressed herself much relieved, and thought the night would be passed comfortably.

About 2 o'clock I arrived and found her as above, pulse almost imperceptible, the bleeding continuing freely and the bed around her deluged. The child which was partially putrescent, had been removed, with about six inches of the funis attached—placenta still remaining.

My efforts were immediately directed to the hemorrhage, which by means of pressure, cloths saturated with cold water and ice, was arrested in about five minutes. I did not at this time attempt to bring the placenta away, fearing that the infliction of violence would promote a further drain in the apparently lifeless woman; but introducing a tampon I allowed her to remain quiet for upwards of half an hour, exhibiting small doses of brandy at short intervals. This had to be temporarily suspended, however, for soon the stomach became irritable, the patient vomiting freely. I then prescribed 15 grain powders of ergot, which was also discontinued after the first dose for the same reason.

About three o'clock having sent for Dr. F. Howard, Professor of Obstetrics, in Georgetown Medical College, we attempted, but failed to extract the placenta—it was quite adherent to the fundus. Finally, upon consultation, it was decided to relinquish

further efforts in this direction on account of the small size, and depend upon nature for its being carried away; at seven A. M., I left her comparatively easy. I again saw her about ten, and removing the tampon found there was a slight occurrence of the hemorrhage—perhaps a gill escaped; beef tea, milk punch, and brandy ordered. Three o'clock in the afternoon she was quite comfortable, but feeble; there has not been the slightest pain from any first visit.

Next day I found her much improved, the tampon which had been readjusted was now removed. The beef tea was suspended, but she managed to retain the stimulants.

There was slight fever on the morning of March 12th, and the pulse in the evening reached 110 temperature 101°. Ordered the body to be sponged with tepid water and Ipecac. et Opii pulv. gr. viij.

March 13th. Fever continues unabated, there is no uneasiness, however, about the hypogastrium; resumed the beef tea which she can now retain, and a cathartic of

R. Ol. Ricini, $\frac{3}{4}$ ss.
Ol. Terebinth. $\frac{3}{4}$ ij.
Spts. Lavand. Comp. et. Mucilaginis, aa. $\frac{3}{4}$ j.

M. Ft. Emuls. Sig.—Coch. mag. Hor. altern.

March 14th. Bowels moved twice during the night; fever and temperature somewhat decreased; a slight offensive odor is now arising from the discharge. Ordered the following: An injection of 1 to 100 parts carbolic acid, and three grain doses of quinine twice a day.

March 15th. To-day the fever continues the same; odor more manifest; injected solution into the cavity of the uterus. Beef tea and milk punch *ad libitum*. She slept well during the night.

March 18th. Patient steadily improving; pulse 84; temperature 99.5°. She can now change about in bed, and is very cheerful. An annoying bad sore has appeared over the left tuber ischii, which is gradually yielding to appropriate treatment. Prescribed a tonic of the bitter wine of iron with syrup of ginger.

March 21st. From this time forward she continued to improve; the odor disappeared about the 22d, and on the 3d of April she rode out.

Permit me to add in conclusion, that for me the case was possessed of three points of special interest. First, the frequency that a woman can abort, for let me state this is the extraordinary number of eleven times, besides she has had five living children, four of them now grown; the second, that we must not despair even in the most alarming cases of flooding, and the third, the safety as suggested by Bedford in the retention of the placenta in early abortion.

J. F. HARTIGAN, M. D.

Washington, D. C.

NEWS AND MISCELLANY.

Vital Statistics of Massachusetts.

The records of births, deaths, and marriages in Massachusetts during the past year, develop some serious facts. A comparison between the marriages of American and foreign-born persons in the State and the births in the families of the same extraction show that while there were twice as many "American" as "foreign" marriages, there were more children born of the latter parentage than of the former. In Boston the two classes of marriages were about equal in number; but the births of foreign were as 7 to three of American parentage. Yet the total number of births was the largest ever reported. Twins must be scarce, for the plurality births were not 1 in 50. The number of marriages has diminished, being less than in last year or year before. It is recorded that a maiden of 38 years became the sixth wife of a gentleman of 65, and there were three instances of marriages at ages exceeding 80. On the whole, the population of Massachusetts is increasing at the rate of 29 persons a day.

A Shrewd Rascal.

A genius has discovered that submitting to the operation of a stomach pump may be a means of raising the wind. At last accounts he had passed through Troy. His method begins by taking a room in a hotel. After a short term of boarding, he tells a woful tale of sudden and unexpected loss of funds. He is desolate, distracted, and "down in the mouth." He retires to his room, takes a white powder, and groans. A sympathetic crowd of boarders rushes in, a doctor is called, emetics and similar appliances freely used, and his life is saved *every time*. Apparently intending to destroy his life, he is really making his living. On each occasion of the sort a purse is raised for him among the pitying spectators and he is enabled to start anew. At the next town he repeats the process, and again illustrates this latest development of the *ars vite*.

—There is said to be living in the neighborhood of Dumfries, Prince William county, Va., the widow of a revolutionary soldier—Mrs. Chloe Flatford, who has reached the unusual age of 115 years. She enjoys good health, but is very deaf, and her eyesight is somewhat impaired. She has lost all her teeth, but has a thick suit of gray hair. Her memory is good. She says she was a grown woman at the time of the surrender of Lord Cornwallis at Yorktown. She is in the receipt of a pension from the United States Government, and is very comfortably cared for. The old lady both chews and smokes tobacco.

—The Commissioners of the Charities and Corrections, of New York, have directed that prison officials give every facility to Dr. Hudson, who is to collate statistics on alcoholism and habits of prisoners. We are glad to notice, too, that they have ordered that milk and beef-tea be substituted for whisky as an invigorator to convalescents. The substitutes, it is thought, will prove as nourishing if not quite as exhilarating as the whisky, and we have no doubt that in very many instances it will be found to be the case.

—The physicians of Lee Co., Alabama, met on the 11th of March, at the office of Drs. BARNETT, and SHEPHERD of Opelika, and formed themselves into a Medical Society. There was a good attendance. Dr. Barnett was elected President. A Constitution and by-laws were adopted. Meetings are to be held on the first Tuesday of each month at Opelika.

—At Nantucket, George and Sarah M. Easton, aged respectively 85 and 81 years, reached the sixtieth anniversary of their marriage on the 8th ultimo.

—H. Genet Taylor, M. D., of Camden, has been appointed and commissioned by Governor Randolph to the position of Surgeon of the Fifth Battalion, National Guards, of Camden.

—Miss Morgan, an English lady, has been graduated with distinction in Medicine, surgery, and midwifery, at the University of Zurich.

—At the annual meeting of the Medical Society for the county of Hunterdon, N. J., held at Flemington, Dr. Cornelius N. Larison was chosen president, and Dr. G. H. Larison secretary, for the ensuing year.

—The house of Dr. George B. Smith, in Be-nevolence, Ga., was struck by lightning on the morning of the 29th March, and he was instantly killed.

QUERIES AND REPLIES.

Brown-Sequard's Formula.

MESSEES. EDITORS: Will you give in the next number of the REPORTER, Brown-Sequard's formula for neuralgia, as per Napheys' Modern Therapeutics, and oblige those who have not that work. Respectfully yours,

J. C. M., M. D.

REPLY:

R. Extr. belladon.,	gr. 1—6th.
Extr. stramon.,	gr. 1—5th.
Extr. can. ind.,	gr. 1—4th.
Extr. aconit.,	gr. 1—3rd.
Extr. opii,	gr. 1—2lf.
Extr. hyoscyami,	gr. 2—3d.
Extr. conii,	gr. j.
Pulv. glycyrr.,	q. s.

For one pill. S. 3 to 5 a day.

Pruritus Vulvæ.

EDITORS REPORTER: I notice in looking over your most interesting and instructive weekly, several prescriptions for pruritus vulvæ. I have used the various combinations with borax, with some benefit, but in one instance everything failed, until I fell upon the following mixture, which, from its prompt and efficient action, I can warrant a specific in this most troublesome and annoying complaint:

Carbolic acid,	3i.
Hyposulphite soda,	3ij.
Glycerine,	3ij.
Water,	3vi.

Mix, and apply to the diseased parts by saturating a cloth; use the vaginal syringe if necessary.

As I believe in the "bug theory" of the various itching diseases, the above combination is a "dead shot." The intolerable itching produced by "grey backs" is a living monument of the parasitic theory of itching complaints.

C. W. DAVIS, M. D.

Iowa.

Dr. J. S. S., of Ind.—"Please inform me of the best journal on Obstetrics; also, price."

REPLY.—The American Journal of Obstetrics. Price, \$4—\$3 to subscribers to the REPORTER, when ordered through us. Corrected from last week's number.

MARRIED.

DODGE-STEEL.—In Springfield, Vt., April 13th, by Rev. L. H. Cobb, William L. Dodge, M. D., and Miss Hattie S. Steele.

JONES-GROSS.—At Washington Hall, Trappe, April 14th, by Rev. J. Kohler, Randolph Jones, M. D., of St. Ignace, St. Mary's county, Md., and Miss Matilda A. Gross, of Trappe, Montgomery county, Pa.

McREYNOLDS-VAN MATRE.—In Cincinnati, O., April 19th, 1870, by the Rev. John H. Elliott, Rector of St. John's, Dr. William H. McReynolds, and Ellen, daughter of the late Daniel and Maria A. Van Matre, all of that city.

DIED.

CLEMENS.—At Allentown, Pa., April 23, 1870, of dropsy of the heart, Mrs. Clemens, wife of Dr. H. S. Clemens.

KIMBALL.—Dr. Leonard Kimball, of Nashua, N. H., a well known physician in that city, died on April 19th, aged 63 years.

TULL.—In this city, April 29, Dr. J. Graham Tull, in the 54th year of his age.

METEOROLOGY.

APRIL.	18.	19.	20.	21.	22.	23.	24.
Wind.....	E.	N. E.	N. W.	N. E.	N. W.	S. W.	S. W.
Weather. } C'dy	Rain.	Rain.	Frost	Clear	Clear	Clear	Clear
DepthRain	2 5-10	1-10					
Thermom....							
Minimum...	36°	37°	33°	40°	42°	41°	43°
At 8, A. M.	32	43	47	46	50	50	57
At 12, M.	52	47	57	59	57	64	70
At 3, P. M.	50	46	57	62	58	63	71
Mean.....	47.50	43.25	48.50	51.75	51.75	55.	60.25
Barometer... At 12, M.	29.6	29.8	29.8	29.9	30.1	30.1	30.1
Germantown, Pa.				B. J. LEEDOM.			